

TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION - F (Authorized Nuclear Pharmacist)

The Wisconsin Department of Health and Family Services is requesting disclosure of all information on this statement for the purpose of authorizing an individual to work with radioactive material. Failure to provide any information may result in denial or delay of authorizing an individual to work with radioactive material. For authorized nuclear pharmacist.

Instructions: Complete all applicable items. Refer to WISREG-1556, Volume 9, "Guidance for Medical Use of Radioactive Material." Use supplementary sheets where necessary. Retain one copy and submit original of the document to the State of Wisconsin, Department of Health and Family Services, P.O. Box 2659, Madison, WI 53701-2659.

PART I TRAINING AND EXPERIENCE

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations.

1. Name of Individual

2. State Licensure

☐ A copy of license to practice pharmacy in Wisconsin is attached.

3. Certification (attach copy of current certificate)

Specialty Board	Category	Month and Year Certified

Note: Items 4 and 5 do not need to be completed when using Board Certification to meet Wis. Admin. Code HFS 157 Subchapter VI training and experience requirements.

4. Classroom and Laboratory Training

Description of Training	Training Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to Use and Measurement of Radioactivity			
Chemistry of Radioactive Material for Medical Use			
Radiation Biology			

5. Supervised Work Experience

Description of Experience	Dates of Experience
Shipping, receiving and performing radiation related surveys	
Using and performing checks for proper operation of survey meters and instruments used to determine the activity of dosages	
Calculating, assaying and safely preparing dosages	
Using administrative controls to avoid medical events in the administration of radioactive material	
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	

PART II PRECEPTOR ATTESTATION

NOTE: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

6. Preceptor Approval and Attestation

☐ I am an authorized nuclear pharmacist.

I attest that the individual named in Item 1:

☐ Has satisfactorily completed the training requirements in s. HFS 157.61(9).

AND

☐ Has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist.

Name of License on which Preceptor is Authorized	Materials License Number (Indicate which state or if NRC)
Print Name of Preceptor	
SIGNATURE – Preceptor	Date Signed